

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875)						SERIAL NO 09/831602	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							61			
2							62			
3							63			
4		2					64			
5		(1)					65			
6		1					66			
7		1					67			
8		2					68			
9		2					69			
10		(1)					70			
11		(1)					71			
12		(1)					72			
13							73			
14							74			
15							75			
16							76			
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35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	2									
TOTAL DEP.	13	→	↓	→	↓	→				
TOTAL CLAIMS	15	↓	↓	↓	↓	↓				